



EXHIBIT 8 HUB
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HB 516

TOBACCO HARM TO KIDS

Right now, more than 3 million kids under 18 in the United States are current tobacco users.¹ Nationwide, one in five high school students (grades 9-12) are current smokers,² and 7.1 percent of eighth graders currently smoke.³ In addition, 13.4 percent of U.S. high school boys (and 2.3 percent of high school girls) are current smokeless or spit tobacco users.⁴ In some states, spit tobacco use among high school males is much higher than the national rate. In West Virginia, 27 percent of high school boys use spit tobacco, while 26.7 percent and 24.8 percent use spit tobacco in Kentucky and Oklahoma, respectively.⁵

Nearly 90 percent of smokers begin at or before age 18.⁶ Among high school seniors who have ever used smokeless tobacco, almost three-fourths began by the ninth grade.⁷ Each day, more than 3,500 kids try their first cigarette, and another 1,000 kids, under 18 years of age, become new regular, daily smokers.⁸ That is 400,000 new underage daily smokers each year – and roughly one-third of them will eventually die prematurely from smoking-caused disease.⁹ According to the U.S. Centers for Disease Control and Prevention, six million kids who are alive today will ultimately die from smoking.¹⁰

To make matters worse, more than 15 million kids are exposed to secondhand smoke at home, with countless others exposed to secondhand smoke elsewhere, as well.¹¹ In addition, more than ten percent of all pregnant women smoke, and many non-smoking pregnant women exposed to secondhand smoke – causing enormous harms to newborn babies.¹²

Tobacco Use Harms At or Around Birth. Smoking and exposure to secondhand smoke among pregnant women causes spontaneous abortions, ectopic pregnancies, still-born births, low-birth-weight babies, and other pregnancy and delivery complications causing neonatal intensive care. After birth, the effects still linger, increasing the chances of sudden infant death syndrome, respiratory disorders, ear and eye problems, growth and mental retardation, attention deficit disorder, other learning and developmental problems, and even long-term behavioral problems, violent tendencies, and criminality. Well over 30,000 births per year in the United States are affected by one or more of these problems.¹³

Harm to Kids from Smoking by Family Members. Parental or other household smoking after birth also increases the chances that exposed children will suffer from smoke-caused coughs and wheezing, bronchitis, asthma, pneumonia, potentially fatal lower respiratory tract infections, eye and ear problems, or injury or death from cigarette-caused fires. Each year, 280 children die from respiratory illness caused by secondhand smoke, and another 300 kids suffer from injuries caused by smoking-caused fires.¹⁴

According to a 1997 study, exposure to secondhand smoke also leads to over 500,000 physician visits for asthma and 1.3 million visits for coughs, and to more than 115,000 episodes of pneumonia, 14,000 tonsillectomies or adenoidectomies, 260,000 episodes of bronchitis, two million cases of otitis media among children (an acute or chronic inflammation of the middle ear), and 5,200 tympanotomies (middle ear operations).¹⁵ In addition, in 1995 the American Association of Poison Control Centers received over 7,900 reports of potentially toxic exposures to tobacco products among children six years old or younger, caused primarily by young children ingesting cigarettes, cigarette butts, and other tobacco products that they find around the house, in ashtrays, or in the garbage.¹⁶

Harm to Youth from Their Own Smoking. Most people focus on the increased risk of heart disease, lung cancer and other cancers from smoking, and believe that the harms to kids from their own smoking or other tobacco use do not appear for many years. But many health consequences can occur quite quickly. For example:

- Beyond smoke- or nicotine-stained teeth, smokers are also more likely to suffer from periodontal disease and to have more serious periodontal disease, including tooth loss.¹⁷
- Chronic coughing, increased phlegm, emphysema and bronchitis have been well-established products of smoking for decades; and smokers are also more susceptible to influenza and more likely to experience severe symptoms when they get the flu.¹⁸

- Smoking causes mild airway obstruction, reduced lung function, and slowed growth of lung function among adolescents¹⁹
- Teenage smokers suffer from shortness of breath almost three times more often as teens who don't smoke, and produce phlegm more than twice as often as teens who don't smoke. Not surprisingly, smoking also hurts young people's physical fitness in terms of both performance and endurance – even among young people trained in competitive running.²⁰
- The resting heart rates of young adult smokers are two to three beats per minute faster than nonsmokers; and studies have shown that early signs of heart disease and stroke can be found in adolescents who smoke.²¹
- Smoking is also associated with hearing loss, vision problems, and increased headaches.²²
- While many smokers believe that smoking relieves stress, it is actually a major cause. Smoking only appears to reduce stress because it lessens the irritability and tension caused by the underlying nicotine addiction.²³
- High school seniors who are regular smokers and began smoking by grade nine are more than twice as likely than their nonsmoking peers to report poorer overall health; roughly two and a half times more likely to report cough with phlegm or blood, shortness of breath when not exercising, and wheezing or gasping; and three times more likely to have seen a doctor or other health professional for an emotional or psychological complaint.²⁴
- Smoking causes bad breath and makes smokers' homes and clothes stink; and, perhaps fortunately for smokers, it also reduces their sense of smell.²⁵

Campaign for Tobacco-Free Kids, October 24, 2008 / Meg Riordan

Related Campaign Fact Sheets (available at <http://tobaccofreekids.org/research/factsheets>)

- *The Path to Smoking Addiction Starts at Very Young Ages*
- *Smoking and Decreased Physical Performance*
- *Smoking and Other Drug Use*
- *Harm Caused by Pregnant Women Smoking or Being Exposed to Secondhand Smoke*
- *Tobacco Industry Continues to Market to Kids*

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2007 National Survey on Drug Use and Health*, Office of Applied Studies, NSDUH Series H-34, DHHS Publication No. SMA 08-4343, Rockville, MD, 2008, <http://www.oas.samhsa.gov/2k7/nsduh/2k7Results.pdf>.

² U.S. Centers for Disease Control and Prevention (CDC), "Youth Risk Behavior Surveillance, United States, 2007," *Morbidity and Mortality Weekly Report (MMWR)* 57(SS-4), June 6, 2008 <http://www.cdc.gov/mmwr/pdf/ss/ss5704.pdf>. Using a different survey methodology, the 2006 National Youth Tobacco Survey (YTS) found a 19.7% high school smoking rate (18.4% for girls, 21.2% for boys); but the results from the YRBS and YTS cannot be compared because they use different methodologies. Current smoker defined as having smoked in the past month. YRBS is done in odd-numbered years, YTS in even.

³ Johnston, LD, et al., *Monitoring the Future National Survey Results on Drug Use, 1975-2007. Volume I Secondary School Students*, National Institute on Drug Abuse, Institute for Social Research, University of Michigan, NIH Publication No. 08-6418A, 2008 http://monitoringthefuture.org/pubs/monographs/vol1_2007.pdf. [This school-based study does not survey kids who have dropped out of school, who tend to have higher smoking rates].

⁴ CDC, "Youth Risk Behavior Surveillance—United States, 2007," *MMWR* 57(SS-4), June 6, 2008 <http://www.cdc.gov/mmwr/pdf/ss/ss5704.pdf>.

⁵ CDC, "Youth Risk Behavior Surveillance—United States, 2007," *MMWR* 57(SS-4), June 6, 2008 <http://www.cdc.gov/mmwr/pdf/ss/ss5704.pdf>.

⁶ SAMHSA, Calculated from the *2006 National Survey on Drug Use and Health*, <http://www.oas.samhsa.gov/2k7/nsduh.htm>.

⁷ HHS, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, 1994.

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA), HHS, *Results from the 2007 National Survey on Drug Use and Health, NSDUH: Detailed Tables*. <http://www.oas.samhsa.gov/2k7/NSDUH/tabs/Sect4peTabs10to11.pdf>

⁹ CDC, "Projected Smoking-Related Deaths Among Youth-United States," *MMWR*, 45(44), November 8, 1996,

<http://www.cdc.gov/mmwr/PDF/wk/mm4544.pdf>

¹⁰ CDC, *State Highlights 2006*, http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/2006.htm.

¹¹ CDC, "State-Specific Prevalence of Cigarette Smoking Among Adults, and Children's and Adolescents' Exposure to Environmental Tobacco Smoke—United States, 1996," *MMWR* 46(44):1038-1043, November 7, 1997.

¹² Martin, JA, et al., "Births: Final data for 2004," *National vital statistics reports* 55(1), Hyattsville, MD: National Center for Health Statistics, 2006,

http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf.

¹³ For cites to the relevant research literature, see Campaign for Tobacco-Free Kids (TFK) factsheet, *Harm Caused By Pregnant Women Smoking or Being Exposed to Secondhand Smoke*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0007.pdf>.

¹⁴ See, e.g., Li, JS, et al., "Meta-Analysis on the Association Between Environmental Tobacco Smoke (ETS) Exposure and the Prevalence of Lower Respiratory Tract Infection in Early Childhood," *Pediatric Pulmonology* 27(1):5-13, January 1999; DiFranza, JR & Lew, RA, "Morbidity & Mortality in Children Associated with the Use of Tobacco Products By Other People," *Pediatrics* 97(4):560-68, April 1997; Adair-Bischoff, CE & Sauve, RS, "Environmental Tobacco Smoke and Middle Ear Disease in Preschool-Age Children," *Archives of Pediatric and Adolescent Medicine* 52(2):127-33, February 1999; American Academy of Pediatrics Committee on Environmental Health, "Environmental Tobacco Smoke: A Hazard to Children," *Pediatrics* 99(4):639-42, April 1997; Mannino, DM, et al., "Environmental Tobacco Smoke Exposure and Health Effects in Children," *Tobacco Control* 5(1):13-18, Spring 1996; Anderson HR & Cook, DG, "Passive Smoking and Sudden Infant Death Syndrome: Review of the Epidemiological Evidence," *Thorax* 52(11):1003-09, November 1997; Hall, Jr., JR, *The U.S. Smoking-Material Fire Problem Through 1995*, National Fire Protection Association, September 1997.

¹⁵ DiFranza, JR & Lew, RA, "Morbidity & Mortality in Children Associated with the Use of Tobacco Products By Other People," *Pediatrics* 97(4):560-68, April 1997.

¹⁶ CDC, "Ingestion of Cigarettes and Cigarette Butts by Children—Rhode Island, January 1994-July 1996," *MMWR* 46(6):125-128, February 14, 1997.

¹⁷ See, e.g., Tonetti, MS, "Cigarette Smoking and Periodontal Disease: Etiology and Management of Disease," *Annals of Periodontology*, 3(1):88-101, July 1998; Burgan, SW, "The Role of Tobacco Use in Periodontal Diseases: A Literature Review," *General Dentistry* 45(5):449-60, September-October 1997; Krall, EA, "Smoking, Smoking Cessation, and Tooth Loss," *Journal of Dental Research* 76(10):1653-59, October 1997.

¹⁸ Kark, JD, et al., "Cigarette Smoking as a Risk Factor For Epidemic a(h1n1) Influenza in Young Men," *New England Journal of Medicine* 307(17):1042-46, October 21, 1982; Kark, JD & Lebiush, M, "Smoking and Epidemic Influenza-Like Illness in Female Military Recruits: A Brief Survey," *American Journal of Public Health* 71(5):530-32, May 1981.

¹⁹ Gold, DR, et al., "Effects of Cigarette Smoking on Lung Function in Adolescent Boys and Girls," *New England Journal of Medicine* 335(13):931-37, September 26, 1996; HHS, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, 1994.

²⁰ Arday, DR, et al., "Cigarette smoking and self-reported health problems among US high school seniors, 1982-1989," *American Journal of Health Promotion* 10(2):111-116, 1995.

²¹ HHS, *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*, 1994.

²² For hearing loss, see, e.g., Noorhassim, I & Rampal, KG, "Multiplicative Effect of Smoking and Age on Hearing Impairment," *American Journal of Otolaryngology* 19(4):240-43, July-August 1998; Cruickshanks, KJ, et al., "Cigarette Smoking and Hearing Loss: The Epidemiology of Hearing Loss Study," *Journal of the American Medical Association* 279(21):1715-19, June 3, 1998. For eye problems, see, e.g., Klein, R, et al., "Relation of Smoking to the Incidence of Age-Related Maculopathy: The Beaver Dam Eye Study," *American Journal of Epidemiology* 147(2):103-10, January 15, 1998; Cumming, RG & Mitchell, P, "Alcohol, Smoking, and Cataracts," *Archives of Ophthalmology* 115(10):1296-303, October 1997; Sibony, PA, et al., "The Effects of Tobacco Smoking on Smooth Pursuit Eye Movements," *Annals of Neurology* 23(3):238-41, March 1988. For headaches, see Payne, TJ, et al., "The Impact of Cigarette Smoking on Headache Activity in Headache Patients," *Headache* 31(5):329-32, May 1991.

²³ Parrott, AC, "Does Cigarette Smoking Cause Stress?," *American Psychologist* 54(10):817-20, October 1999.

²⁴ Arday, DR, et al., "Cigarette smoking and self-reported health problems among US high school seniors, 1982-1989," *American Journal of Health Promotion* 10(2):111-116, 1995.

²⁵ Fiser, A, "Smell Perception in Smokers," *Medicinski Pregled* 43(1-2):48-49, 1990 [in Serbo-Croatian]; Moritz, RP & Winkler, U, "Effect of Smoking on Sense of Smell and Taste," *Zeitschrift Fur Die Gesamte Hygiene Und Ihre Grenzgebiet* 33(12):660-61, December 1987 [in German].



February 18, 2009

To: The Honorable Arlene Becker, Chairperson
House Health and Human Services Committee

From: Barbara Schneeman
Association of Montana Public Health Officials (AMPHO)

RE: House Bill 516

I am pleased to provide this letter of support today for House Bill 516 on behalf of the Association of Montana Public Health Officials (AMPHO). AMPHO is an organization composed of the directors of local public health departments from across the state. We support this bill because it protects children from the harmful effects of secondhand smoke.

A 2006 United States Surgeon General's report states that there is NO risk-free level of secondhand smoke exposure and that even small amounts of exposure can be harmful to people's health. Infants and young children, because of their developing bodies, are especially vulnerable to the poisons in secondhand smoke. On average, children are exposed to more secondhand smoke than non-smoking adults. An estimated 22 million children or 60% of all children in this country aged 3 to 11 years old are exposed to secondhand smoke.

Motor vehicles are key secondhand smoke exposure locations for children. The level of toxic air in a vehicle where someone is smoking is up to 10 times greater than the level which the United States Environmental Protection Agency (USEPA) considers hazardous. Children have little or no control over their indoor environments and therefore they are at greater health risk for the damaging effects caused by secondhand smoke.

The American Lung Association reports that children exposed to secondhand smoke are at increased risk for sudden infant death syndrome, ear problems and asthma. In addition children whose parents smoke have slow lung growth and more respiratory infections.

HB 516 is a good public health measure that will protect Montana children and help them grow healthy and strong. AMPHO urges your support of HB 516 and thank Representative McAlpin for his leadership in bringing this bill forward.